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Deputy Director, Strategic Planning

June 28, 2012

TO: Each Supervisor

FROM: *fw* Mitchell H. Katz, M.D.  
Director

SUBJECT: **SPECIALTY CARE SERVICES FOR JAIL PATIENTS IN  
LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
FACILITIES**

The Department of Health Services (DHS) has been working with the Los Angeles County Sheriff's Department (LASD) Medical Services Bureau (MSB) to assess options for improving specialty care for individuals incarcerated in Los Angeles County jails. This report includes a review of how other California counties provide health care services to incarcerated patients, and a proposed plan for how DHS could collaborate with MSB to improve services by providing on-site specialty care to jailed patients.

**MODELS FOR HEALTH CARE SERVICE DELIVERY TO JAILED PATIENTS  
ACROSS CALIFORNIA COUNTIES**

California's largest counties either contract for all jail health services (San Diego, Alameda); use their respective county health services department (San Francisco, Santa Clara, Riverside); contract for in-jail services but provide hospital-based specialty, acute and in-patient care at a county facility (San Bernardino); or use a hybrid of county and contract staff for jail-based services, and private hospitals for out-of-jail care (Sacramento).

In terms of specialty care, most counties provide on-site obstetrics care and occasionally another service such as orthopedic care, general surgery or cardiology. San Bernardino County provides the widest range of specialty health services in its main jail. As a result, they have reduced transport costs for inmates and improved access and care coordination for jail patients.

Los Angeles County is the only California county we identified where the Sheriff's department hires providers (nurse practitioners, physician assistants, physicians). All other county-operated models bring health department providers into the jail. Also, both San Diego and Sacramento, counties that contract for hospital services, do not have county hospital facilities.

We investigated the possibility of contracting out all of the jail medical services to a private vendor. We do not believe this is a viable option at the current time.

- (a) Given the size of Los Angeles County jail medical services we believe that it will be difficult to find a private vendor capable of providing comprehensive jail health services (general care, specialty care, urgent care, and diagnostic and ancillary services). It would likely require multiple vendors which would make coordination of patient care and delineation of responsibility and liability more difficult.

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213)240-8101  
Fax: (213) 481-0503

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- (b) Many California counties that contract out their jail health services do not have county hospitals. Because some jail inmates are eligible for Medicaid when they are hospitalized overnight, Los Angeles County is able to receive reimbursement for the care of a portion of its jail patients. Also the relationship with LAC+USC that we envision going forward (see proposal below) will enable the County to save money through better pharmaceutical pricing and reduced laboratory costs which would not be available through a vendor.
- (c) LASD MSB employs a large workforce (1419 positions). Contracting out a workforce of this size would be potentially disruptive for the County.

Instead, DHS believes that greater collaboration between DHS and MSB could provide better care at lower costs. In the next section we present a proposal for providing specialty care for incarcerated patients and suggest certain efficiencies that could pay for these improvements.

#### **RECOMMENDATIONS FOR IMPROVING ACCESS, QUALITY AND COORDINATION OF SPECIALTY CARE FOR JAIL PATIENTS**

Currently, LAC jail patients requiring specialty care are referred to LAC+USC's jail clinic. There are several challenges with the current process and most lead to difficulties in coordinating care. These challenges include: (a) the current paper-based referral mechanism is cumbersome and fragmented, leading to poor care coordination and potential delays in patient care; (b) the system for tracking referrals is unreliable, so it is difficult to know which jail patients kept or missed appointments or what volume of work has been performed; (c) moving patients between MSB facilities and LAC+USC is costly and difficult to coordinate, thereby leading to missed appointments and delays in care.

DHS and MSB staff members have already begun to improve the referral process.

- (a) The current paper-based referral process will be replaced by an automated process. The system has already been developed and we estimate it will go on-line in the next 4-6 weeks.
- (b) An electronic appointment scheduling system shared by MSB and DHS will enable us to track patients who are scheduled and collect accurate workload data useful for system-wide planning. This Affinity-based scheduling system will be implemented in August 2012.

At this time we seek Board approval to bring on-site specialty care to MSB, focusing on the highest-risk and highest demand specialties including obstetrics and gynecology, orthopedic surgery, ear-nose-throat surgery, general surgery, oral-maxillary-facial surgery, cardiology and gastroenterology. The plan includes bringing physicians and physician extenders (nurse practitioners and physician assistants), equipped with improved diagnostic tools, into the jails to deliver high quality urgent care and specialty care. The medical staff who will provide on-site jail services will also work at LAC+USC to improve continuity of care, and follow through with procedures that can only be done at the hospital. These providers will be organized and supervised by a robust clinical coordination and quality assurance team. More specifically the plan calls for:

- (a) Amendments to the Medical Services Affiliation Agreement (MSAA) with USC Keck Medical School (USC) to contract for 16 hours daily coverage of the MSB urgent care with a LAC+USC board-certified emergency medicine physician and trained orthopedic physician assistant. As a result, MSB urgent care will have greater capability to take care of common



urgent, but not emergent, issues faced by jailed patients. This capability will reduce delays in care and diminish the need for transportation to LAC+USC.

- (b) Amendments to the MSAA with USC to contract for 12 hours weekly of a board-certified obstetrician to provide routine obstetrics care at the LASD women's facility in Lynwood. This provider, who has already been identified, will also be available to manage medically high-risk obstetrics patients housed at the Correctional Treatment Center, which is located in the Twin Towers Correctional Facility.
- (c) DHS will hire and assign up to 7 physician extenders to work under the license of a USC specialist in order to provide specialty care service on-site at MSB and within the jail clinic at LAC+USC. Having these providers working at MSB and LAC+USC will enhance continuity of care and thereby improve care coordination and quality. Using physician extenders rather than physicians is more cost effective, and physician extenders are often more available than specialty trained physicians such as orthopedic surgeons or cardiologists.
- (d) DHS and USC will put together an MSB Specialty Care Leadership Team to supervise the providers working onsite at MSB, to create a quality assurance and improvement program and to develop a robust care coordination/patient tracking program. This leadership team will also promote accountability and collaboration between LAC+USC, DHS and MSB.
- (e) DHS and MSB will enhance diagnostic capabilities at the jail to include a mobile CT scanner, enhanced ultrasound capabilities and more immediate laboratory capabilities. Augmenting diagnostic capability at MSB allows many more cases to be managed on-site rather than transported to LAC+USC.
- (f) DHS will implement eConsult within the current MSB practice, thereby allowing MSB general care providers to have faster, streamlined access to specialist opinions. eConsult will be rolled out at MSB as early as Phase II of the overall DHS-wide eConsult implementation – estimated to occur next winter or spring.

A staffing and resource plan with a budget of \$5.8 million in the first year and \$5.2 million annually is attached.

In January 2012, LAC+USC Medical Center and the MSB established a monthly Process Improvement Committee dedicated to identifying opportunities to improve coordination of patient care, decrease barriers to continuity of care and implement process changes to continuously improve the quality of care provided to jail patients that are shared between MSB and DHS. This Committee is a foundation for the Specialty Care Leadership team to build on.

#### **FUNDING FOR ON-SITE SPECIALTY CARE WITHIN LASD MSB**

DHS and LASD have explored several options to produce savings or efficiencies to fund this collaborative specialty care initiative. These are:

- (a) Secure 340b prescription pricing for a subset of medications provided to jail patients. This opportunity has the potential to provide between \$800,000 and \$8.5 million in annual savings to the County. Although additional work must be done to establish a DHS

Disproportionate Share Hospital (DSH) – Correctional Partnership, MSB and DHS staff, along with County Counsel, are working to move this option forward.

- (b) Shift MSB laboratory volume to a DHS lab instead of a private lab vendor. Currently, MSB hires a full complement of laboratory staff for specimen collection, packaging and tracking. These specimens are then sent to Quest Diagnostics for processing. This procedure is both expensive and usually relatively slow. For example, STAT labs take at least four hours to obtain as a result of specimen transport time. In addition to the potential for improving the immediacy of care, a MSB-DHS laboratory partnership has the potential to provide significant savings to the County. MSB spends approximately \$4.5 million annually for lab processing by Quest. A DHS lab may provide the same service for as much as a 70% savings. The reason DHS can provide lab services more cheaply is solely because jail medical services represent a relatively small increase in our volume and because lab testing is highly automated and personnel increases are minimal. The only substantial cost associated with the increased volume of tests is due to reagents required for specimen processing.
- (c) Reduce transportation costs. Annualized, LASD spends approximately \$750,000 on transportation to LAC+USC. This does not include the cost of deputy supervision or certain specialized transports. A modest decrease of 20% would still yield a notable savings.

Over time, these three potential sources of savings can fund this specialty care initiative.

If your Board directs DHS and LASD to pursue the plan outlined above, I will direct my staff to continue partnering with MSB, to implement plan elements as quickly as possible.

Thank you for the opportunity to continue serving the patients in Los Angeles County.

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Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors  
Sheriff, Leroy D. Baca



**County of Los Angeles - Department of Health Services**  
**Budget Proposal for Specialty Care in Jail**

<b>Specialty</b>				
<u>Description</u>	<u>Hours per Week</u>	<u>Hourly Rate</u>	<u>Annual Salary</u>	<u>Comments</u>
Radiology - LAC+USC Independent Physician Agreements	12	\$ 225	\$ 140,400	No EB
<b>Total Cost</b>			<b>\$ 140,400.00</b>	
<b>Providers</b>				
<u>Description</u>	<u>Annual Hours</u>	<u>Hrly Rate &amp; EB</u>	<u>Annual Salary</u>	<u>Comments</u>
Physician Coverage - EM	5,824	\$ 254.60	\$ 1,482,790	USC Keck School of Medicine position
Physician Coverage - OB/GYN	624	\$ 265.32	\$ 165,560	USC Keck School of Medicine position
Physician Assistant	5,824	\$ 100.50	\$ 585,312	USC Keck School of Medicine position
HIV Corrections Fellowship - Supervision of Fellow	1,040	\$ 39.95	\$ 41,543	USC Keck School of Medicine position
County Mid-level Practitioner	7,280	\$ 64.74	\$ 946,167	Ortho, ENT, OMFS, GI, Cardio, General Surgery,
<b>Total Cost</b>			<b>\$ 3,221,372</b>	
<b>Clinical/Administrative Positions</b>				
<u>Description</u>	<u>FTE</u>	<u>Hrly Rate &amp; EB</u>	<u>Budgeted Cost</u>	<u>Comments</u>
Medical Director	0.5	\$ 254.60	\$ 264,784	USC position hired in conjunction with DHS
Specialty Care Administrator AHA III	1.0	\$ 56.43	\$ 117,828	DHS
Quality Assurance Nurse	2.0	\$ 54.99	\$ 228,773	USC position, care coord + QI/QA and work at MSB.
Program Administration	1.0	N/A	\$ 93,800	USC position
<b>Total Cost</b>	<b>4.5</b>	<b>\$ 366.02</b>	<b>\$ 705,185</b>	
<b>Ancillary Support</b>				
<u>Position</u>	<u>FTE</u>	<u>Annual Salary &amp; EB</u>	<u>Budgeted Cost</u>	<u>Comments</u>
Pharmacist *	1.0	\$ 117,194	\$ 117,194	May be needed to achieve 340b savings.
Pharmacist Tech *	2.0	\$ 102,608	\$ 205,216	
Clinical Lab Scientist *	2.0	\$ 80,767	\$ 161,534	To enhance on-site lab services
Radiology Tech Specialist *	2.0	\$ 74,148	\$ 148,296	(U/S and CT)
<b>Total Cost</b>	<b>7.0</b>	<b>\$ 374,717</b>	<b>\$ 632,240</b>	* Attempt to use existing MSB staff.

**County of Los Angeles - Department of Health Services  
Budget Proposal for Specialty Care in Jail**

<b>Equipment Cost</b>			
<b>Equipment/Modality</b>	<b>Specialty Use</b>	<b>Purchase Cost</b>	<b>Comments</b>
Mobile CT Scanner	Urgent Care	\$ 450,000	Ongoing maintenance costs for these three items will total approximately \$150,000 beginning the second year.
OB Ultrasound	OB/GYN	\$ 160,000	
Echocardiology Machine	Cardiology	\$ 160,000	
Point-of-Care Testing (ongoing)	All	\$ 150,000	
eConsult Maintenance (ongoing)	All	\$ 200,000	After implementation, cost will decrease
<b>Total Cost</b>		<b>\$ 1,120,000</b>	

<b>Proposal/Option Cost Summary</b>			
<b>Type of Charge</b>	<b>1st Year Cost</b>	<b>2nd Year &amp; Beyond</b>	<b>Comments</b>
LAC+USC Contract Physicians	\$ 140,400	\$ 140,400	
USC MSAA Providers & DHS NP	\$ 3,221,372	\$ 3,221,372	
Clinical and Administrative Positions	\$ 705,185	\$ 705,185	
Ancillary Support	\$ 632,240	\$ 632,240	
Equipment Cost	\$ 1,120,000	\$ 500,000	annual cost after 1st year.
<b>Grand Total</b>	<b>\$ 5,819,197</b>	<b>\$ 5,199,197</b>	

NOTES: EB = Employee Benefits